University of Alberta

# The Relationship Between Having an Eating Disorder and Being Woman

by

Melanie Gaye Jonkman

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of Master of Education

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The undersigned certify that they have read, and recommended to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled The Relationship Between Having an Eating Disorder and Being Woman submitted by Melanie Gaye Jonkman in partial fulfillment of the requirements for the degree of Master of Education in Counselling Psychology.

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Abstract

The purpose of this research is to examine the relationships between disordered eating, sexual dysfunction, gender roles, and the meaning of femininity. The first paper outlines the relationship between eating pathology and sexual attitudes and practices. A number of mediating variables are also suggested, as well as a discussion of the meaning of being female in Western culture. The second paper reports the results of focus groups that were conducted with two groups of females. One group consisted of female graduate students in the department of Educational Psychology. The other group consisted of females with anorexia nervosa. The topic of the focus groups was the meaning of being female in Western culture.

Overall, the research suggests that women with anorexia nervosa tend to hold more negative views of sexuality and to be relatively inexperienced sexually. Themes that emerged in the focus group discussion suggest that women with anorexia nervosa may hold more negative beliefs about being female, as well as more traditional beliefs about the roles of females. Finally, in some cases, it appears that anorexia nervosa may be a metaphor for a rejection of one's femininity.

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# Chapter One – Introduction

## Researcher Background

My interest in studying eating disorders began a number of years ago when, as an adolescent, a close friend of mine struggled with anorexia nervosa. She has described that period of her life to me as the loneliest she has ever been. Anorexia is very poorly understood, and few people seem to want to take the time or effort to communicate with the young women who are affected by it. In conversations with many well-meaning individuals, this has become very clear to me. I have heard people give very elaborate explanations of why anorexia develops; some people believe that anorexic individuals are just "spoiled brats," while others, who are a bit more sensitive, have offered that anorexic individuals are girls who want to live up to societal standards of thinness. These explanations are, I believe, much too simplistic and often extremely belittling.

In university, when I began to explore eating disorders from an academic perspective, I became equally disillusioned with the fact that scholars have done little to truly understand these disorders. Indeed, as Russell, Halasz, and Beumont (1990) have noted, "the inner worlds of these patients are all too often seen as dauntingly inaccessible" (p. 311). As a result, much of the research on recovery from anorexia nervosa in particular has been dominated by the quantifiable measure of weight gain, and the goals of treatment are all too often seen as merely a process of putting on weight (le Grange & Gelman, 1998; Touyz, Garner, & Beumont, 1995). Such a focus detracts attention from the sizeable rates of relapse, chronicity, and mortality that accompany the condition. Treating the symptoms without addressing the causes is certainly futile.

As a Masters student in Counselling Psychology I have come to see how empowering it is for clients to be their own experts, and how important it is for me not to assume that I have all the answers. For this reason, I decided that I wanted to do a qualitative study with individuals with anorexia nervosa for my Masters thesis. Very little qualitative research has been done with individuals with anorexia, so there has been little exploration of these individuals' feelings and experiences. Hepworth (1994) has noted that research on eating disorders has been dominated by a positivist scientific model for over a century. I therefore thought it was time we as therapists and researchers give these individuals a voice. They are, after all, the real experts in this area.

Interest in the area of sexuality and the meaning of femininity for women with eating disorders came about in one of my first meetings with my thesis supervisor. As a researcher and educator in the area of adolescent sexology, she suggested that I examine the sexual attitudes and practices of women with eating disorders. This led me to think about how women with anorexia nervosa come to think of themselves as females. Since most individuals with eating disorders are

female, I began to wonder what the connection was between disordered eating, sexuality, and being female.

My own experience of being a female, as well as my experience of struggling alongside my friend who had anorexia, also informed the questions that I asked. For my friend, anorexia had at one time been a way of defining herself. As an adolescent searching for her place in the world, anorexia became who she was and without it, she did not feel like much of anyone. Anorexia also became one of the ways in which she defined herself as a female and, at the same time, denied herself as a female. I began to wonder if other individuals with anorexia had a similar experience of it. Western culture devalues women: their roles, their emotions, their biology, and even their intellect. It is during adolescence when girls begin to discover themselves turning into women that this devaluation hits the hardest. When girls should be celebrating their femininity they are instead made to feel ashamed of it, to deny it, and to deny their selves. I believe that anorexia is the ultimate denial of the self.

I thus decided to do my Masters research in the area of eating disorders, sexuality, and the meaning of being female. The next section is an outline of how I went about studying these variables.

## Overview of Chapters

This thesis contains five chapters: an introductory chapter (Chapter One), three chapters (Chapters Two to Four) that are each individually publishable, and a summary chapter (Chapter Five). The paper format for this thesis was chosen because it was more practical for publication purposes, and because each paper is separate, to some degree, from the others.

Chapter One includes some background on the researcher and an overview of the chapters. Chapter Two is a poem about how I have come to understand anorexia nervosa. This poem speaks to me of how anorexia can become a way of life, and a way of defining the individual. However, it also speaks of the dark side of anorexia; the loneliness, the physical and emotional effects of starvation, and how it can become an obsession that is willing to risk everything, including the anorexic's life. The mention of ghosts is both about how death becomes a prominent theme for the anorexic, and also about how the anorexic becomes a ghost of her former self, physically, spiritually, and emotionally. I believe creative interpretations, such as poetry, are a valuable means of providing a deeper understanding of many aspects of life.

In Chapter Three, or Paper One, I provide an overview of the research thus far on the sexual attitudes and practices of women with eating disorders. This paper also outlines some potential mediating variables that have been proposed in the literature, as well as a discussion of the possible effects of the meanings some anorexic individuals may attach to being female. Chapter Four or Paper Two,

presents the results of a focus group study on how two groups of females understand what it means to be female in our culture. The first group consists of females with anorexia, while the second group consists of female graduate students in the faculty of Educational Psychology.

In the final chapter, I summarize the results of the research, outline the limitations of my study, and propose future recommendations for research in the area of eating disorders, sexuality, and gender roles. I also outline some of the variables that need to be examined in relation to these constructs.

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## Chapter Two – A Poem

**Anorexia**

Self-cannibalism, her new religion; starvation her God,
the thin girl takes in celery and water for mass-
the ghost she longs for comes near.

In the mirror the cruel bloating between sharp-edged
hip bones prevents any claims to perfect piety; the ritual
sit-ups continue to fill her emptiness- unending

like Christ's bread and fish. She is never quite filled.
Scars break open where bone scrapes against floor,
blood spilled in the name of thinness- it would seem;

but more- it never stops there. Ghosts do not bleed
anymore. Raw gums, straw hair, and trembling at a cold
that is not even there-she has discovered her new way of life.

She speaks with ghosts in her restless dreaming;
They whisper of deliverance from all her seeming
and all she will never be. They promise not

to break her. Forsaking all, few
could understand the quest; fewer still the purpose of
such survival instinct. Faith has allowed her thus far,

She walks on water- floating through crowds of
scorn and mistaken awe: At the child who rejects
the dimples and curves that mark her as her mother's;

At the child who is, after all, just a girl.
She is no one's Saviour but hers alone; she
will not feel the pain of labour, except her own.

The ghost entwines her skin and wrist.
They embrace; the icy fingers run down
her fading spine. Her God has set her free-
she's never felt so alive.

By Melanie Jonkman.

## Chapter Three

## Food, Sex, and the Meaning of Being Female

Issues surrounding food, body image, and sexuality are prevalent among women in our society. Indeed, most women's magazines are focused almost primarily on these issues. This has led me to question if there is a relationship between eating pathology and sexuality, and if so, how these two variables interact with the meaning of being female.

Many researchers have found a relationship between eating disorders and sexual problems. Unfortunately, few have addressed the question of why this is so. I begin this article with a review of the literature on anorexia nervosa as it relates to issues of sexuality, and then go on to delineate the relationship with some possible mediating variables. I propose that the meanings some women attach to being female, including the meaning of being a female sexual being, may be a possible mitigating variable between anorexia nervosa and sexual difficulties.

### Background

Early in the recognition of anorexia nervosa as a clinical syndrome, problems with sexuality were hypothesized as a causal factor. Laseque (1873) was the first to propose that anorexia had psychological and interpersonal underpinnings and proposed that problems negotiating heterosexual relationships were associated with the onset of anorexia nervosa. Freud, in his letters to Wilhelm Fleiss in 1894, described the disorder as a "melancholia occurring when sexuality is underdeveloped" (Masson, 1985, p. 99). Janet (1929) considered anorexia to be a form of hysterical sexual frustration.

In the early twentieth century, psychoanalytic interpretations presented the symptoms of anorexia nervosa as arising out of a fear of "oral impregnation" (Waller, Kaufman, & Deutsch, 1940). In 1963, King compared patients with anorexia nervosa to patients who manifested anorexia as a symptom of another disorder. He found that two-thirds of the "true" anorexics displayed "sex-disgust" and sexual naivety. Crisp (1967) also considered anorexic patients to be sexually immature, and claimed that their parents tended to prohibit adolescent maturation while conveying the message that sexuality was "bad." Thoma (1967) regarded anorexic patients as undergoing a withdrawal of relationships far exceeding any normal introversion of puberty and believed that anorexic girls could not accept their own physical and sexual maturity and were incapable of assuming an adult female role. Finally, Hilde Bruch (1978), who was the first to propose that distorted body image was a central component of anorexia nervosa, noted that the biological and emotional changes of pubescence represent danger and a complete loss of control. She believed that the preoccupation with weight was an attempt to counteract that fear and to keep their maturing bodies in check.

Thus far, the researchers and clinicians I have reported based most of their findings on clinical observations. Their findings have some merit, for it makes intuitive sense to assume a connection between sexual apprehension and eating disorders. Eating disorders frequently arise during puberty, a time in which the female body undergoes significant biological changes, and most young women begin to explore their sexual identities. Indeed, anorexia nervosa most commonly occurs at the very age when young women are becoming sexual beings, with the mean age of onset at 17 years and some data suggesting bimodal peaks at ages 14 and 18 years (American Psychiatric Association, 1994).

The systematic investigation of the relationship between eating disorders and sexuality did not emerge until the mid-1970s (Coovert, Kinder, & Thompson, 1989). In the following review I report on some of the findings since then. I have divided these studies into three main categories based on the areas explored: Sexual Attitudes/Knowledge; Sexual Practices/Experience; and Sexuality at Follow-Up. Each section is organized in chronological order.

Sexual Attitudes/Knowledge

The findings on how anorexic subjects feel and think about sexuality, including their knowledge and attitudes toward their bodies, sexual appeal, menstruation, contraception, sexual behaviors, and other correlates of sexuality are reported in this section. Five studies are discussed and summarized.

In 1981 Beumont, Abraham, and Simson elicited comprehensive psychosexual histories from thirty-one female patients with anorexia nervosa. Subjects were either classified as "dieters" or "vomiters/purgers." Data were gathered both from clinical records and from semi-structured interviews based on the Sexual Performance Evaluation Questionnaire of the Marriage Council of Philadelphia. Unfortunately, the authors did not report in their tables which of their patients were "dieters," and which were "vomiters/purgers." Therefore, on most measures it is difficult to decipher between-group differences.

In terms of general findings, the authors noted that twenty patients (65%) had a poor knowledge of sexual matters. Six patients (19%) deliberately avoided reading sexual material, while five patients (16%) deliberately sought sexual material. Twenty-one patients (68%) had a poor, or at best only a fair knowledge of contraception, most knowing little more than that the "pill" existed. Eight patients (26%) expressed a positive attitude towards menstruation, while nine (29%) expressed a negative attitude. The majority of patients wanted eventually to marry, nine (29%) saying that it was very important to them that they did so. All those already married admitted to problems in adjustment. Seven patients (23%) disapproved of masturbation, saying it was dirty and abnormal. Five (16%) were ambivalent, and five claimed not to know what the term meant and could express

no opinion about it. Eleven patients (35%) expressed a negative attitude to premarital intercourse, while the rest considered it to be normal and desirable.

In terms of the limited data comparing "dieters" to "vomiters/purgers," the authors found that the two groups did not differ with respect to sexual, menstrual, and contraceptive knowledge. I will revisit this study when I report on the sexual practices/experience of individuals with anorexia. This study is, however, limited in that it did not compare the sexual attitudes and practices of women with anorexia to a control group, so it is difficult to draw any definite conclusions.

Using the Offer Self-Image Questionnaire (OSIQ), a standardized instrument designed to measure several aspects of adolescent self-concept, Casper, Offer, and Ostov (1981) compared thirty female adolescent patients in the acute phase of anorexia nervosa to two-hundred age-matched normal adolescent subjects. The researchers found significant differences between both early onset patients with anorexia (12-15 years) and later onset patients with anorexia (16-19 years), as compared to the control group with regard to attitudes toward sex. In terms of sexual feelings and experiences, the anorexic patients saw themselves as inadequate; they denied and also felt frightened by sexual thoughts. Nevertheless, patients showed an interest in having a boyfriend; 40% of the younger and 73% of the older patient group, compared to 70% of the normal subjects, asserted that "having a boyfriend is important to me" (p. 658).

In a comparison of eighty-one girls suffering from anorexia nervosa and 288 girls in the control group, Buvat-Herbaut, Hebbinckuys, Lemaire, and Buvat (1983) compared several variables, including their attitudes toward menstruation, pregnancy, and sexuality. The responses of these two groups were compared using the chi-square test. The researchers found that most of the girls in the anorexic group wished to menstruate and to have children, and the proportion of those who did not were not different from the control group. However, the proportion of girls for whom pregnancy and sexuality instilled disgust was significantly greater in the anorexic group than in the control group, although these attitudes only concerned a minority of the patients with anorexia. The authors further found that the patients with anorexia expressed more disgust toward sexuality when they started to gain weight (37.5%) than at the time of their maximum emaciation (18.4%), and so concluded that weight loss could have been used as a protection toward sexuality in certain cases. The authors concluded that, "in the majority of cases, anorexia nervosa does not signify an absolute refusal of the adult female body, menstruating and sexually attractive, although a fear or a refusal of sexuality can have a causal role in 20% to 40% of the cases" (Buvat-Herbaut et al., 1983, p. 59).

Leon, Lucas, Colligan, Ferdinande, and Kamp (1985) compared thirty-one adolescent females being treated for anorexia to a sample of thirty-seven high school girls without eating disorders. The participants responded to a number of semantic-differential bipolar adjectives regarding their self-evaluated sexual

appeal to others (Sexual Evaluation), degree of sexual arousability (Sexual Interest), and general view of sexuality (Sexual Morality). The anorexic group exhibited significantly more negative scores on Sexual Evaluation and Sexual Interest than did the control group, but the two groups did not differ with regard to Sexual Morality. Interestingly, while the anorexic patients reported that they would feel more sexually attractive at a higher weight, they also reported a desire to lose weight. The authors suggested that for these patients a low body weight may have provided a means of avoiding issues associated with sexual maturity. Unfortunately, there was no information given on the reliability and validity of the measures used.

Finally, Steinhausen and Vollrath (1993) administered the Offer Self-Image Questionnaire (OSIQ) to forty German adolescent anorexic patients and compared their profiles to a German standardization group of healthy subjects. As in the Casper et al. (1981) study using the OSIQ on American adolescents, Steinhausen and Vollrath found the anorexic subjects to score significantly below the normative sample on the Sexual Attitudes scale, indicating significant sexual apprehension.

In sum, the conclusions that can be drawn about the sexual attitudes and knowledge of women with anorexia are somewhat limited by the lack of substantive research on the topic. Of the few studies that could be found, one (Beumont et al., 1981) did not compare the findings on anorexic subjects with a control group. Most of the studies cited contained relatively small sample sizes as well (n=30-40, with the exception of Buvat-Herbaut et al., 1983). Overall, it appears that individuals with anorexia nervosa may not necessarily hold more negative views about sexuality in general but may experience increased apprehension about their sexual expression, sexual interest, and sexual attractiveness to others. These perceptions, too, may be somewhat realistic, given the emaciation and decreased libido that accompany starvation. Finally, a fear or refusal of sexuality may play a causal role in a significant minority of anorexics.

The area of sexual attitudes of anorexics needs further research. Specifically, more research is needed to determine whether sexual apprehension plays a causal role in, or is merely a result of, emaciation. And if it does have a causal link, we need to go further to ask why and how emaciation serves the purpose of alleviating sexual apprehension. For instance, why would a young woman choose to starve, and essentially destroy herself, rather than take a more healthy approach to problem solving? In the next section, I summarize the research thus far on the sexual practices and experience of anorexic subjects in order to shed light on this issue.

Sexual Practices/Experience

The findings on the sexual behaviors and experience of women with anorexia nervosa are summarized in this section. Nine studies are reviewed.

Beumont, George, and Smart (1976) conducted a study with thirty-one females with anorexia nervosa by means of a retrospective analysis of hospital notes. The patients were divided into two groups. The first group, the "dieters," consisted of subjects who had become emaciated solely because of dieting and excessive exercise. The second group, the "vomiters and purgers," used additional means of bringing about weight loss, such as habitual vomiting and the abuse of purgatives.

Beumont and his colleagues (1976) found some interesting differences between "dieters" and "vomiters/purgers" in terms of their sexual histories. Only 53% of the dieters, as opposed to 100% of the vomiters/purgers, had ever had a regular boyfriend; only 18% of the dieters had experienced sexual intercourse, while 79% of the vomiters/purgers had experienced sexual intercourse; and 6% of the dieters, as opposed to 50% of the vomiters/purgers, had used oral contraceptives. These findings suggest that bulimic symptoms may indicate increased likelihood of sexual experience among young women with eating disorders, while "pure" anorexic symptoms may indicate decreased likelihood of sexual experience. Unfortunately, no control group was included in this study, so it is difficult to draw any solid conclusions about how these subjects differ from the normal population.

In the previously mentioned study by Beumont, Abraham, and Simson (1981), the researchers also studied the sexual practices of women with anorexia nervosa. Beumont et al. (1981) again found some significant differences between "dieters" and "vomiters/purgers." Only 20% of the dieter group had experienced sexual intercourse prior to the onset of anorexia nervosa, while 69% of the vomiter/purger group had experienced sexual intercourse; 33% of the dieters, as opposed to 88% of the vomiters/purgers, had sexual intercourse prior to interviews; 6% of the dieters, and 68% of the vomiters/purgers had had more than one sexual partner; and 13% of dieters, as opposed to 25% of vomiters/purgers had experienced oral genital sex. Interestingly, however, the only two patients who reported that they enjoyed oral genital sex were "dieters."

These findings again suggest that patients whose weight loss has occurred as a result of dieting and other abstinence-type behavior tend to be inexperienced sexually. However, it must be reiterated that the "dieters" in this study tended to be younger in age of onset of anorexia nervosa than the "vomiters/purgers," so their relative inexperience may also be a function of immaturity. Again, this study did not include a control group, so it is difficult to draw any meaningful comparisons with the normal population. Interestingly, however, the researchers reported that in their subject group as a whole, only 3% of their patients had experienced sexual intercourse by 14 years of age, and only 19% had experienced intercourse by 17 years of age. Elsewhere it has been reported that the mean age of first intercourse for young women who are sexually active in high school (50% of high school population) is 14 years of age (Hess, Chan, Schnirer, Doyka, &

Corkett, 2001), so the percentages reported in this study do appear to be somewhat lower. However, Beumont et al (1981) did not report on whether or not their subjects continued to be sexually active throughout high school, so it is difficult to determine whether or not their subjects varied from the subjects in the latter study. It is likely that individuals who are not sexually active in high school tend to delay first intercourse. As well, the two studies are twenty years apart, so this may be a factor.

Abraham and Beumont (1981) examined the psychosexual histories of twenty-eight female patients suffering from anorexia nervosa. They found that the histories revealed a wide spectrum of sexual activity and experience, but four fairly distinct groups could be discerned. Group 1 patients were found to lose weight almost exclusively through dieting and to reach extremely low weights. The patients in this group were characterized by their denial of their own sexuality and by minimal psychosexual development. The researchers believed that a secondary gain of their eating behavior was that it enabled them to avoid sexual challenges and the formation of close relationships. A sexual challenge was often seen by these patients as a precipitant to their illness. They had negative attitudes to puberty, menstruation, intercourse, and masturbation and had little or no sexual experience.

Group 2 patients were characterized by slow psychosexual development and by losing weight predominantly through dieting and exercising. Their low weight appeared to help them limit sexual exposure and they feared the pain of sexual intercourse and childbirth. These subjects were found to be anxious to conform and often married, but found it difficult to form mature relationships.

Group 3 and group 4 patients were described more as bulimics than as anorexics in that they typically did not use dieting as their primary method of weight loss and they did not tend to reach very low weights. The group 3 subjects were found to experience bulimic episodes alternating with periods of fasting, while the group 4 subjects were found to experience primarily bulimic episodes and to very seldom reach low weights. Group 4 subjects were found to be sexually experienced and promiscuous, but to have negative feelings regarding their sexual experiences.

In sum, the findings of Abraham and Beumont (1981) mirror the findings of previous studies (Beumont et al., 1981; Beumont et al., 1976). Anorexic behavior appears to be involved in the avoidance of sexual challenges or the slowing down of sexual exposure. Increasing sexual activity (frequency of sexual intercourse, sexual intercourse at an earlier age, masturbation and oral genital sex) appears to be associated with decreasing severity of weight loss, increasing degree of bulimia, and increasing reliance on methods other than dieting for weight control.

Haimes and Katz (1988) compared ten patients with anorexia nervosa, fifteen patients with bulimia nervosa, and fifteen women diagnosed as having borderline personality disorder but no eating disorder. These researchers found that women with anorexia were less likely to have experienced sexual intercourse and were older at first date and first experience of sexual intercourse. According to Haimes and Katz, "sexual activity for restrictors seemed to provoke severe, at times overwhelming, somatically expressed anxiety" (p.338). Finally, the researchers found that both eating disorder groups, but not the borderline group, not only felt that their eating disorder inhibited their sexual interest but that their psychological problems originally stemmed from sexual problems.

Heavey, Parker, Bhat, Crisp, and Gowers (1989) examined the sexual functioning of adult women being treated for anorexia nervosa and compared those who were married (n=39) to those who were not (n=66). While the authors found no differences between the groups in overall interest in sexual activity, likelihood of recent sexual intercourse, and general sexual adjustment, they did find that the entire sample exhibited marked sexual impairment. Only 12% of the sample reported current interest in sexual activity; 77% reported active avoidance of sexual activity; and only 12% reported recently engaging in sexual intercourse. Of course, one confounding variable in this study is that the authors reported on the sexual practices of symptomatic patients, and low body weight can have a direct relationship with sexual arousal and functioning.

Raboch and Faltus (1991) compared the sexual experiences and functioning of thirty women being treated for anorexia nervosa to fifty female gynecological patients. The authors found that the anorexic patients, who were matched in mean age with controls, were significantly less likely to have married. In fact, 80% of the anorexics had not married, whereas 88% of the control group had. The researchers also reported that the anorexic group scored significantly lower than did controls on an overall index of frequency of sexual activity. Raboch and Faltus (1991) concluded that biological and psychosocial factors may contribute to the problem, and that sexual conflicts are not the main cause of anorexia nervosa, but may be one of the precipitating factors.

Vaz-Leal and Salcedo-Salcedo (1992) compared the sexual histories of nineteen "typical" anorexic patients, twenty-three "atypical" anorexic patients, and forty female adolescent controls. In this study, "atypical" anorexics referred to those patients whose eating disorders had a similarity to anorexia without meeting the basic criteria for the identification of anorexia nervosa. The researchers found that "typical" anorexics had significantly fewer general sexual contacts than both the "atypical" and the control groups, and significantly fewer sexual relations than the control group. The "true" anorexics and controls did not differ in likelihood of masturbation, and although the controls were twice as likely as the anorexics to have had coitus, this difference was not statistically significant because of the small sample size. The researchers concluded that sexual activities

which require the presence of a partner and involve a high degree of intimacy are rejected in a general way by both "typical" and "atypical" anorexics.

Rothschild, Fagan, Woodall, and Andersen (1991) administered the Derogatis Sexual Functioning Inventory (DSFI) to a group of female inpatients who were divided into three subcategories: restricting anorexics (n=18), bulimic anorexics (n=11), and bulimics (n=13). The researchers found that, although the groups did not differ in levels of sexual functioning, comparison to the published norms for the DSFI indicated a relatively high incidence of sexual impairment. The subjects typically were not happy with their interpersonal sexual relationships and indicated discomfort with themselves as sexual persons. Rothschild et al. (1991) concluded, "As a group, the patients described the frequencies of intercourse, masturbation, kissing, petting, and sexual fantasies at approximately the 20$^{th}$ percentile of the normative group" (p. 392).

Finally, in a well-controlled study, Wiederman, Pryor, and Morgan (1996) compared clinical samples of 131 women with anorexia nervosa to 319 women with bulimia. The researchers examined the variables of incidence and age of onset of coitus and masturbation. A larger proportion of women with bulimia than with anorexia were found to have engaged in masturbation and sexual intercourse. Of those who had experienced sexual intercourse, women with bulimia reported a lower median age of onset compared to women with anorexia. Weiderman et al. (1996) controlled for variables including age, menarche, length of time since last menstrual cycle, and body size (BMI), and found that diagnostic category was still predictive of having had coitus and having masturbated. Again, however, this study did not include a control group of non-eating-disordered subjects, so it is difficult to decipher how these subjects may deviate from the norm in terms of their sexual practices.

In sum, it appears that women with anorexia experience relatively low incidence of marriage and low levels of sexual interest and activity. The presence of bulimic symptoms may indicate an increased likelihood of sexual experience. Overall, most studies did not control for the effects of emaciation on sexual drive, and the one study that did (Wiederman et al., 1996), did not include a control group of "normal" subjects. To thus clarify the relationship between sexuality and anorexia nervosa, it is important to consider the sexual functioning of women who have been treated for anorexia nervosa and who are no longer underweight.

Sexuality At Follow-up

Leon, Lucas, Ferdinand, Mangelsdorf, and Colligan (1987) evaluated a group of nineteen former anorexics an average of 33.7 months after treatment. Subjects completed a number of psychological inventories that had previously been completed at hospital admission and discharge, and each participated in a structured telephone interview. The researchers found that self-rated sexual appeal to others and interest in sex at follow-up were highly correlated with scores on

these measures at pretreatment. Further, scores at follow-up were unrelated to length of treatment or the duration of the follow up period. The authors concluded that it appears that the strength of sexual concerns in the course of anorexia nervosa is quite consistent over time.

Steinhausen and Seidel (1993) conducted a follow-up study on sixty adolescent patients with eating disorders after a mean period of fifty-eight months. These researchers found that a substantial minority of the former patients displayed severe avoidance of active sexual behavior (26%) and severe avoidance of sexual matters (8%). However, possible relationships between sexual functioning and degree of recovery were not examined in this study. In another study the same year, Steinhausen and Vollrath (1993) studied a sample of forty anorexic adolescents. They found that even though the subjects improved significantly from initial assessment to discharge from hospital treatment in scores of self-perception of attractiveness to the other gender, the sexual attitudes of these girls were still markedly below the norm.

Gillberg, Rastam, and Gillberg (1994) conducted a six year controlled longitudinal study of fifty-one cases of anorexia nervosa, and compared them on a number of variables with a school-matched group of fifty-one subjects. The researchers found that the anorexic group, although generally positive toward sexual matters, was less positive in this respect than the control group. Love affairs with pleasurable sexual relationships were much less common in the anorexic than in the control group, and the number of anorexic cases with problems making personal contacts and who were solitary or extremely solitary outside the immediate family were very much higher in the anorexic than in the control group.

Morgan, Wiederman, and Pryor (1995) investigated the sexual functioning and attitudes of eating disordered women who had received treatment at their clinic at least two years prior. Thirty-one anorexia nervosa patients and twenty-six bulimia nervosa patients participated in the study. The researchers found that there was a trend toward anorexic women being less likely to be in a romantic/erotic relationship, and anorexics were less likely than bulimics to have engaged in masturbation. The anorexic group also scored lower on a measure of sexual esteem. Although the researchers found no differences between the two groups with regard to current level of sexual functioning, erotophobia/erotophilia, or sexual satisfaction, the women in their sample exhibited less sexual interest and more negative affect during sex than did a normative sample. Further, almost 40% of their sample indicated clinically significant levels of sexual discord with their current partner.

Finally, Morgan, Lacey, and Reid (1999) examined the changes in sexual drive during weight restoration in patients with anorexia nervosa. Eleven women participated in the study, each completing the Sexual Daydreaming Questionnaire (SDQ) and the Hospital Anxiety and Depression Scale (HADS) at five time points

during inpatient treatment involving weight restoration. The researchers found that sexual drive was positively correlated with weight restoration, and suggest that this is consistent with both psychological and physiological explanations of altered sexuality. However, the authors also noted that both mean and maximum daydreaming scores remained lower than means for similar age cohorts in the general population at all stages. Morgan et al. (1999) conclude that "this may indicate a paucity of sexual drive in the anorexic subjects in particular, (but) it may also indicate the effects of hospital admission and communal living on sexual drive in general" (p. 545). Unfortunately, it is difficult to predict whether or not this is the case, since the researchers did not include any post-treatment follow-up measures or a norm group of other hospital patients.

In summary, it appears that even after relatively successful treatment for anorexia nervosa, a substantial proportion of women show avoidance of, and aversion toward, sexual activity. From initial assessment to follow-up, anorexic women may show general improvement in sexual self-evaluation, but remain significantly below the norm as negative sexual evaluation appears to persist. As well, the likelihood of anorexics engaging in sexually intimate relationships remains relatively low even after treatment. In general, despite apparent recovery, many women previously diagnosed with anorexia continue to exhibit marked sexual dysfunction.

## Mediating Variables

It is clear from the literature that there is a relationship between sexual dysfunction and anorexia nervosa. Whether or not this sexual dysfunction is implicated in a causal role is, however, unclear. As I stated previously, we are left with the question of why this relationship exists. Some potential mediating variables have been suggested in the literature. These include personality characteristics (Wiederman, 1996), family of origin issues (Wiederman, 1996), negative body image (Wiederman, 1996), depression (Coovert et al., 1989), low body weight (Coovert et al., 1989), and history of sexual abuse (Everill & Waller, 1994; Wiederman, 1996).

Wiederman (1996) has noted that women with anorexia tend to have a high degree of compulsivity, rigidity, perfectionism, and general constraint which is often evident prior to the onset of the eating disorder and continues to persist after recovery from anorexia. According to Wiederman (1996), "This tendency toward general inhibition may be antithetical to the experience of bodily/sexual pleasure and may make the prospect of potential loss of control (during orgasm or within a sexual relationship) extremely aversive" (p. 306). Wiederman further suggests that the constricted emotionality of women with anorexia may also serve to explain the marital intimacy problems experienced by the subpopulation of women with anorexia who marry. Further research is needed to determine whether or not a difference in sexual functioning exists between anorexic women

who present as generally inhibited as compared with anorexic women who do not present as inhibited.

A second intrapsychic variable, depression, has been associated with both anorexia nervosa and sexual dysfunction (Coovert et al., 1989). A number of researchers have found that women with anorexia nervosa comorbidly suffer from depression (Steiner, 1995; Attia, Mayer, & Killory, 2001). Depression, in turn, can cause marked sexual impairment, usually making it difficult for women (as well as men) to become sexually aroused (Piazza, Markowitz, Kocsis, Leon, Portera, Miller, & Adler, 1997). Thus, further research is needed to determine just how much of an impact depression has on the sexual functioning of women with anorexia nervosa. Similarly, emaciation has been found to decrease sexual drive. Interestingly, however, while women with anorexia tend to display some improvement in sexual drive both during and after weight restoration, their sexual attitudes and practices continue to remain substantially below the norm (Leon et al., 1987; Steinhausen & Seidel, 1993; Gillberg et al., 1994; Morgan et al., 1995; Morgan et al., 1999). Thus, while extreme weight loss is clearly a factor in the sexual functioning of women with anorexia nervosa, it is certainly not the only factor. Nor does the emaciation of women with anorexia explain their generally negative attitudes toward sex and sexual matters.

Wiederman (1996) has also noted that familial factors may play a role in the etiology of both eating disorders and sexual dysfunction. He reports that, "In general, families in which a daughter has AN... tend to experience relatively less cohesion, more conflict, and unhealthy patterns of attachment and communication" (Wiederman, 1996, p. 307). While no researchers have directly addressed the relationship between anorexic family patterns of interacting and sexual issues, Wiederman does report on an interesting study by Gupta and Schork (1995). These researchers surveyed more than 100 women attending a shopping mall and found that those women who reported the greatest concern over thinness and body dissatisfaction recalled relatively less tactile nurturance (such as being hugged and cuddled) from parents, even after controlling for current age and body size. As well, drive for thinness was related to an increased current desire for tactile nurturance. Wiederman (1996) suggests that unhealthy family relationships during childhood, and deficits in tactile nurturance, could set the stage for subsequent avoidance of sexual contact with others and sexual dysfunction. This area needs further research.

Body image disturbance, which can include distortion and/or dissatisfaction, is another factor that may impact the sexual practices of women with anorexia nervosa. Hilde Bruch (1962) was the first to propose that distortion of body image, specifically overestimation, was a central component of anorexia nervosa and that correction of that distortion was necessary for recovery.

A number of researchers have agreed that individuals suffering from anorexia nervosa present with body image disturbances (Rabe-Jablonska, 1998;

Gila, Castro, Toro, & Salamero, 1998; Uys & Wassenaar, 1996; and Slade & Brodie, 1994). These researchers have found that distorted body images occur significantly more often, and with greater intensity and longer duration in anorexic groups compared with control groups (Rabe-Jablonska, 1998). For all parts of the body, anorexic groups show significantly greater overestimation of body size than comparison groups (Gila et al., 1998; Uys & Wassenaar, 1996; and Slade & Brodie, 1994). As well, research with women who have recovered from eating disorders reveals that body image problems often persist and appear to be the last symptom to remit (Beresin, Gordon, & Herzog, 1989).

Wiederman (1996) suggests that, at least for some women with eating disorders, intense body dissatisfaction results in avoidance of sexual activity because of self-consciousness when engaged in sex with a partner. Unfortunately, the research in this area is lacking, even though it does make sense that individuals who are dissatisfied with their bodies would feel self-conscious when engaged in sex with a partner. However, while body image disturbance may at least partially explain the lack of sexual experience found in anorexic women, it does not explain the issues of "sex-disgust" or "sex-fear" found in some women with anorexia nervosa. As well, individuals who are not in touch with their bodies, and many anorexics probably are not if they are able to ignore their body's need for nourishment, are probably also not in touch with their sexual needs and desires. This, too, may be a factor.

Finally, another mediating variable suggested in the literature is a history of sexual trauma. Apparent causal links between a reported history of sexual abuse and eating disorders have been suggested in a number of case studies, with some researchers suggesting that in certain cases both anorexic and bulimic symptoms may serve to alleviate the disturbing psychological consequences of abuse, or to stop the abuse from occurring (such as when the victim attempts to change the shape of her body in order to become undesirable to the abuser) (Everill & Waller, 1995; Connors & Morse, 1993). As well, women who have experienced sexual trauma typically report higher rates of sexual dysfunction (Koss, 1993; Wyatt, 1991).

Studies of sexual abuse in eating-disordered populations are difficult to interpret, since the prevalence of both sexual abuse and eating disorders are high in the female population. Some researchers have suggested that the issue is whether a meaningful relationship exists between the two phenomena, or whether it is merely an illusory one (Connors & Morse, 1992). Overall, most researchers have found that around 30% of eating-disordered patients have been sexually abused (Fullerton, Wonderlich, & Gosnell, 1995; Everill & Waller, 1995; Connors & Morse, 1993). This figure is, however, comparable to that found in the general female population.

Everill and Waller (1995) have suggested that the issue is not really about prevalence rates of sexual abuse and eating disorders, but the functional role of

sexual abuse in the etiology of eating disorders. In other words, in the subpopulation of women with eating disorders who have experienced sexual abuse, there appears to be a complex link between the nature of sexual abuse and specific eating-disordered symptomatology, particularly bulimic symptoms. Everill and Waller (1995) suggest that psychological responses to abuse, such as dissociation, self-denigration, learned helplessness, and loss of trust in others, have been linked with specific bulimic symptoms. These symptoms function as defense mechanisms in dealing with abuse-related stimuli. Thus, at least in some cases of eating-disordered populations, sexual abuse may play a causal role.

In a later study, Waller (1998) found a relationship between eating-disordered symptomatology, sexual abuse, and perceived control in a group of fifty-five eating-disordered women. Specifically, Waller (1998) concluded that it is extremely important to attend to the consequences of sexual abuse among women with eating disorders, because these women were found to experience a loss of personal control as a result of the abuse. While it is likely that this is a common response to abuse in the general population, a number of researchers have demonstrated that women with eating disorders typically see themselves as having low levels of control over events and their own lives (King, 1989). Thus, it appears that for some eating-disordered women, a history of sexual abuse may contribute to feelings of being out of control of their lives. Eating-disordered symptomatology may thus serve as a means of gaining back control and autonomy. Indeed, Kenny (1995), in a qualitative study of ten women who were recovered from anorexia, bulimia, or both, found that one of the functions of eating disorders in her subjects was that their symptoms served as an opportunity to gain control over their lives. I revisit this idea in the next section.

## A Final Mediating Variable: On What it Means to be Female

Perhaps the most consistent finding in the literature on anorexia nervosa, and eating disorders in general, is that the majority of cases are females. Indeed, anorexia nervosa is one of the few psychiatric disorders in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, that reports an extreme discrepancy between men and women (American Psychiatric Association, 1994). Thus, one could argue that the mere condition of being female is a risk factor in the development of an eating disorder. The obvious question, then, is why women?

In 2002 in North America, I think most people are aware that messages in the media about body ideals and fat-phobia are particularly dangerous to young women. Many scholars (Harrison, 2000; Thompson & Heinberg, 1999) have attacked the advertising industry; indeed, laid blame on it for the increasing cases of eating disorders in our society. However, my belief is that attacking the media is too simplistic a solution. Anorexia is about more than merely fashion and "looking good," and to say it is not is a belittling stereotype that contributes more to the problem than it does to the solution. To look at the problem of anorexia

nervosa, we must look at what it means to be female, and this is more than just what it means to "look good as a female."

In a particularly insightful article, Katzman and Lee (1997) have combined feminist and transcultural scholarship to better understand the dynamics of anorexia nervosa. Citing studies on both eastern and western anorexic subjects, these authors note that a fear of fatness is often nonexistent or, in other cases secondary, to issues of loss of control and autonomy. Katzman and Lee (1997) go on to state that, "[we need] an understanding of patients that acknowledges societal precipitants for extreme food denial beyond caricatured cosmetic compliance – the latter being the socially sanctioned coloring of distress and not the cause" (p. 390). These researchers believe that models used to explain anorexia nervosa need to be centered on female issues of powerlessness, rather than on "fat-obsessed" models that "blind the choice of questions asked and limit the answers to be obtained" (Katzman & Lee, 1997, p. 390). Katzman and Lee conclude that what is needed for prevention and recovery from anorexia is a process that honors personal power, relational satisfaction, and political position in the family and society at large.

To return to the mediating variable between eating disorders and sexual dysfunction, then, I propose that the manner in which many young women come to understand what it means to be female could be a mediating factor in both. Just being a female does not cause one to become anorexic or bulimic, just as being sexually abused does not necessarily cause an eating disorder. But just as Everill and Waller (1995) have proposed that we look deeper into the ways in which some women cope with sexual abuse through eating pathology, so do I believe that we need to look deeper into the meanings that some women attach to being female that may contribute to the development of eating disorders and sexual problems.

So how is it that young women come to understand what it means to be female? A strong contributor is socialization, the learning process by which individuals develop their identity and acquire the knowledge, skills, and motivations for participating in social life. Socialization represents the link between the individual and society, and it teaches us the values of our culture. The agents of socialization are our parents, our peers, our teachers, our government, and our media. In terms of gender, socialization teaches us what roles and positions are appropriate for men and women (Martin, 1991). It is through socialization that we internalize much of what it means to be male or female.

From the moment a baby is conceived, the socialization process has begun. Before a baby is even born, many parents visualize a soft, pretty baby girl or a strong baby boy. Although girls are initially stronger than boys, they are often perceived as more fragile. They are typically handled more delicately, and they are rescued from crying more often than are little boys (Meadow & Weiss, 1992). Girl babies are often rewarded for dependent behavior, and are often discouraged

from exploratory, adventuresome activities. Fathers usually engage in much less rough-and-tumble play with their girls than they do with their boys. Since risk-taking behavior is often discouraged in little girls, they often learn not to trust themselves and lack confidence (Meadow & Weiss, 1992).

A little girl is not often rewarded for how well she achieves, but for how pleasing she is to others; in other words, how well she gets along in relationships. Thus, affiliation needs are reinforced and become all-important to women. We get our self-esteem through external validation, and this becomes our chief motivating drive. But what is it that is valued by and for women in our culture? Beauty, and with it, a lack of autonomy. Implicit in the fairy tales our children hear at bedtime is the idea that a woman needs someone to love and protect her. The only thing that is asked of these damsels in distress is that they wait to be rescued by their princes, and that they be beautiful. All the princesses attained love for no other reason than that they were beautiful. Ugliness was associated with the wickedness of evil stepmothers and witches, who ultimately ended up dying or being left to live a lonely existence. Meadow and Weiss (1992) have noted that beauty and being the right size were emphasized in the fairy tales of long ago much as they are now. Cinderella's stepsisters were envious of her small shoe size (the epitomy of femininity at the time these stories were written) and tried everything they could to fit their oversized feet into the glass slipper, just as women today will do anything to mold their bodies to fit into a size 6 dress. What is alarming is that we read these stories to our children long before they have the cognitive capabilities to discern appropriate standards of acceptability. In other words, many of us unwittingly brainwash our children to accept the formula, beauty equals happiness, before they even reach school age.

Many of these beliefs are deeply ingrained by the time females reach adolescence, a particularly stressful time in the lives of females. It is during adolescence that males and females alike begin to experiment with their adult identities, and continue on with the process of separation and individuation from their parents. In the book, Reviving Ophelia: Saving the Selves of Adolescent Girls (1994), Pipher suggests that adolescent girls experience a great deal of pressure to split into true and false selves and, essentially, to put aside their authentic selves in order to display only a small portion of who they truly are. She quotes De Beauvoir, who made the insightful observation that adolescent girls "stop being and start seeming" (p. 22). With regards to anorexia nervosa in adolescence, Pipher believes that anorexia is a metaphor. According to her, "it is a young woman's statement that she will become what the culture asks of its women, which is that they be thin and nonthreatening....Anorexic women signal with their bodies 'I will take up only a small amount of space. I won't get in the way'"(Pipher, 1994, p. 175). Indeed, Scott (1987) has noted that females who adopt traditionally masculine traits, such as assertiveness, perseverance, and independence, typically have much higher self-esteem. Unfortunately, females in our culture are all too often discouraged from adopting these traits.

In an interesting book about the conflicts women experience about food and sex, Meadow and Weiss (1992) have noted that the major conflict of women today-to eat or not to eat-parallels the sexual conflicts of women growing up in the 1950s and 1960s-to "do it" or not to "do it." These authors further go on to note that the conflict-to eat or not to eat-is not really about eating. Rather, it is about being "good" and being lovable. Being female means pleasing others and depriving yourself. It means conforming to the standards of lovability, whether these are size 3 figures or intact hymens.

A major part of what it means to be female is what it means to be a female sexual being. Despite the gains for women in the sexual arena as a result of the feminist movement, women in our culture are still at risk for sexual exploitation, particularly in adolescence. In 1993, the American Association of University Women (AAUW) conducted a landmark survey of 1632 students in grades eight to eleven. They found that 85% of females reported experiencing some kind of sexual harassment. Thirty-one percent of girls experienced harassment "often," and 13% of girls reported being "forced to do something sexual at school other than kissing" (AAUW, 1993, p. 10).

Sexual harassment was found to happen much more to girls than to boys, and the inappropriate behavior had a more significant impact on the females. A greater percentage of female students described feeling less confident, more self-conscious, shamed, and embarrassed. One in four girls reported that they had stayed home from school or cut class because of sexual harassment (AAUW, 1993, p. 15).

Females in our culture are also at much greater risk for sexual assault and childhood sexual abuse than are males (Dekeseredy, 1997). Advertisements, too, often depict women as sexual objects, as do movies and television programs. Thus, regardless of whether or not any particular female has been sexually abused or harassed, she has likely been affected in a significant manner by the way women are treated in our culture. It is no wonder that many adolescent females could feel ambivalent and even afraid of becoming sexual beings. For many women, becoming a sexual being represents danger and further loss of the already limited control they have over their lives. And in a culture that so limits women, eating is often the only arena that is left for them to control.

Just as some authors have suggested that we need to examine the meaning of eating-disordered symptomatology as it relates to sexual abuse, so, too, do I propose that we need to examine the meaning of being female as it relates to eating disorders and sexuality. The reality is that women are undervalued in our society. Indeed, the Council on the Status of Women, 1987 Annual Report, has found that women in our society earn only 64% of men's wages, either because they are refused, or at least limited in their access to well-paid, steady jobs, or because, in cases where the two sexes are equally represented in an occupation, women receive lower wages than men (Martin, 1991). When women are valued in

our society, it is for their "ultra femininity" or sex appeal. For most women, this is not who they truly are. Thus, De Beauvoir's observation that many of us "stop being and start seeming" is indeed an accurate description, particularly during adolescence when young women come up against the discrimination that is a reality in our culture.

Eating disorders may not merely be a disorder of women, but a disorder of our culture. Indeed, the aforementioned variables of depression, familial patterns of interaction, body image disturbance, and a history of sexual abuse are all related in a variety of ways to what it means to be female. As an example, I will illustrate my point with the construct of depression. Congruent with the idea of sex-role stereotyping, women have been found to internalize their distress much more than males, who tend to externalize their problems (Sweeney, 1999). This places women at much higher risk for affective disorders. A part of what it means to be female is that girls are discouraged from externalizing and expressing negative emotions. Indeed, major depressive disorder is twice as common in adolescent and adult females than it is in adolescent and adult males (American Psychiatric Association, 1994). It is therefore quite possible that the socialization process plays a significant role in depression, eating disorders, and sexual problems.

To return to the article by Katzman and Lee (1997), what, then, are women's real worries? Perhaps just being a female in a culture that devalues who we are is a risk factor both for eating disorders and sexual problems. Disturbed eating behaviors and ambivalence – even fear – over sexual expression may be, for some women, the only way they know to react to, and cope with, the loss of control and autonomy that they should be entitled to. I do not propose any single causal factor in the etiology of anorexia nervosa or sexual dysfunction, simply because I believe that we are all complicated, multi-faceted human beings. Yet I do believe that we must continue to explore solutions to the issues that affect many women. These issues continually seem to revolve around eating and sexuality, and in a more general sense, the meaning of femininity.

As well, issues surrounding eating pathology do not necessarily have to be "full-blown" cases of eating disorders. I believe that eating pathology lies on a continuum, as do the issues associated with it. From this perspective, then, it is quite alarming that some researchers have found that between 65% and 80% of "normal" women present with some intermediate form of eating-behavior problem, such as chronic dieting, binging or purging alone, or subclinical bulimia (Mintz & Betz, 1988; Steiner-Adair, 1989, respectively).

I have proposed that other variables, beyond merely disordered eating, may better explain the relationship between eating disorders and problems with sex and sexual matters. Clearly, further research is needed to evaluate how these variables, alone or in combination, may be related to the sexual attitudes and practices of women with eating disorders. As Katzman and Lee (1997) have

suggested, in future research we must not limit the questions we ask, for we run the risk of then limiting the answers and solutions to be obtained.

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# Chapter Four

## Claiming Their Space: A Focus Group Study On the Meaning of Being Female in Our Culture

Eating disorders and eating pathology are prevalent in young women in Western culture. Some researchers have estimated that between 65% and 80% of women suffer some form of eating pathology, such as chronic dieting, binging or purging, or subclinical bulimia (Mintz & Betz, 1988; Steiner-Adair, 1989). The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (1994), reports that prevalence studies of young women with anorexia nervosa have found rates of 0.5% to 1.0% for presentations that meet full criteria for this disorder. The prevalence of bulimia nervosa among females is approximately 1% to 3%. For both eating disorders, the rate of occurrence in males is approximately one-tenth of that in females (American Psychiatric Association, 1994). An important question that needs to be asked, then, is why females?

Many researchers have found that women suffering from eating disorders also experience difficulties with sexual functioning (Haimes & Katz, 1988; Heavey, Parker, Bhat, Crisp, & Gowers, 1989; Raboch & Faltus, 1991; Vaz-Leal & Salcedo-Salcedo, 1992; and Rothschild, Fagan, Woodall, & Andersen, 1991). Even after relatively successful treatment of these disorders, a substantial proportion of women show avoidance of, and an aversion toward, sexual activity (Leon, Lucas, Ferdinand, Mangelsdorf, & Colligan, 1987; Steinhausen & Seidel, 1993; Gillberg, Rastam, & Gillberg, 1994; and Morgan, Wiederman & Pryor, 1995).

Disordered sexuality therefore seems to play a role in the lives of many individuals with eating disorders, and sexuality plays a large role in what it means to be male or female. Since most individuals with eating disorders are women, it seems logical to ask the question of whether or not women with eating disorders experience what it means to be female differently than do "normal" females.

## Literature Review

Early on in the recognition of anorexia nervosa as a clinical syndrome, problems with sexuality were hypothesized as a causal factor. Laseque (1873) was the first to propose that anorexia had psychological and interpersonal underpinnings and proposed that problems negotiating heterosexual relationships were associated with the onset of anorexia nervosa. Freud, in his letters to Wilhelm Fleiss in 1894, described the disorder as a "melancholia occurring when sexuality is underdeveloped" (Masson, 1985, p. 99). Janet (1929) considered anorexia to be a form of hysterical sexual frustration.

In the early twentieth century, psychoanalytic interpretations presented the symptoms of anorexia nervosa as arising out of a fear of "oral impregnation"

(Waller, Kaufman, & Deutsch, 1940). Crisp (1967) considered anorexic patients to be sexually immature, and claimed that their parents tended to prohibit adolescent maturation while conveying the message that sexuality was "bad." Thoma (1967) regarded anorexic patients as undergoing a withdrawal of relationships far exceeding any normal introversion of puberty and believed that anorexic girls were incapable of assuming an adult female role. Finally, Hilde Bruch (1978) noted that the biological and emotional changes of pubescence represent danger and a complete loss of control. She believed that the preoccupation with weight was an attempt to counteract that fear and to keep their maturing bodies in check.

The systematic investigation of the relationship between eating disorders and sexuality did not emerge until the mid-1970s (Coovert, Kinder, & Thompson, 1989). Since that time, researchers have consistently found that a large proportion of females with anorexia and bulimia experience sexual difficulties. Three areas related to sexuality have been explored: sexual attitudes and knowledge, sexual practices and experience, and sexuality at follow-up.

In terms of sexual attitudes and knowledge, the consensus among most researchers is that individuals with anorexia nervosa may not necessarily hold more negative views about sexuality in general but may experience increased apprehension about their sexual expression, sexual interest, and sexual attractiveness toward others (Casper, Offer, & Ostrov, 1981; Buvat-Herbaut, Hebbinckuys, Lemaire, & Buvat, 1983; Leon, Lucas, Colligan, Ferdinande, & Kamp, 1985; and Steinhausen & Vollrath, 1993). As well, Buvat-Herbaut et al. (1983) found that their anorexic subjects expressed more disgust toward sexuality when they started to gain weight than at the time of their maximum emaciation. Leon et al. (1985) also noted that while their anorexic subjects reported that they would feel more sexually attractive at a higher weight, they also reported a desire to lose weight.

In terms of sexual practices and experience, many researchers have found that women with anorexia experience relatively low incidence of marriage (Raboch & Faltus, 1991; Heavey, Parker, Bhat, Crisp, & Gowers, 1989), and low levels of sexual interest and activity (Beumont, George, & Smart, 1976; Beumont, Abraham, & Simson, 1981; Abraham & Beumont, 1981; Haimes & Katz, 1988; Heavey, Parker, Bhat, Crisp, & Gowers, 1989; Raboch & Faltus, 1991; Vaz-Leal & Salcedo-Salcedo, 1992; Rothschild, Fagan, Woodall, & Andersen, 1991; and Wiederman, Pryor, & Morgan, 1996). The presence of bulimic symptoms may indicate an increased likelihood of sexual experience (Beumont, George, & Smart, 1976; Beumont, Abraham, & Simson, 1981; Abraham & Beumont, 1981; and Wiederman, Pryor, & Morgan, 1996), with negative feelings regarding these experiences (Abraham & Beumont, 1981).

Follow-up studies of women with eating disorders, particularly anorexia, are important because they typically control for the effects of emaciation on

sexual functioning. Overall, however, it appears that even after relatively successful treatment for anorexia nervosa, a substantial proportion of women show avoidance of, and aversion toward, sexual activity (Leon, Lucas, Ferdinand, Mangelsdorf, & Colligan, 1987; Steinhausen & Seidel, 1993; Gillberg, Rastam, & Gillberg, 1994; and Morgan, Wiederman, & Pryor, 1995). The likelihood of anorexics engaging in sexually intimate relationships remains relatively low even after treatment (Morgan, Wiederman, & Pryor, 1995), and, in general, many women previously diagnosed with anorexia or bulimia continue to exhibit marked sexual dysfunction (Steinhausen & Vollrath, 1993; Morgan, Wiederman, & Pryor, 1995).

Some potential mediating variables between eating disorders and sexual dysfunction have been suggested in the literature. These include personality characteristics (Wiederman, 1996), family of origin issues (Wiederman, 1996), negative body image (Wiederman, 1996), depression (Coovert, Kinder, & Thompson, 1989), low body weight (Coovert, Kinder, & Thompson, 1989), and a history of sexual abuse (Everill & Waller, 1994; Wiederman, 1996). Any or all of these variables may contribute to the development of an eating disorder or to problems in sexual functioning.

Another variable that may explain the relationship between disordered eating and sexual dysfunction in many females is the meanings some women may attach to being female. In Western culture, femininity has been sexualized, objectified, and devalued. As well, females are at much higher risk of being sexually assaulted (Dekeseredy, 1997) and harassed (American Association of University Women, 1993) than are men. It would therefore not be surprising to find that many women with eating disorders may well be ashamed or at least ambivalent about themselves as females and as female sexual beings. Unfortunately, this is an area that has not been explored in the research on eating disordered populations.

A somewhat related variable that has been studied is the relationship between disordered eating and gender roles. Two theories have been proposed to explain the relationship between gender roles and eating disorders. The first, femininity theory, asserts that women with bulimia oversubscribe to the feminine role of passivity, dependence, and seeking approval from others, while women with anorexia are regarded as rejecting the traditional feminine role (Boskind-Lodahl, 1976). The second perspective, the discrepancy theory, postulates that women with eating disorders lack traditionally masculine qualities and are conflicted between society's incompatible demands to be more "masculine" and also traditionally "feminine" (Steiner-Adair, 1989).

Concerning the femininity hypothesis, Scott (1987) has noted that there is little support for this in eating disordered subjects. Sitnick and Katz (1984) found that women with anorexia obtained similar scores on femininity items as a control

group. Lewis and Johnson (1985) found that normal subjects actually scored higher than bulimics on the Femininity scale of the Bem Sex Role Inventory.

In contrast, Rost, Neuhaus, and Florin (1982) found that their sample of women with bulimia were significantly less liberated in their attitudes towards women's roles in society and their own sex role behaviors than a control group. These findings give some support to the femininity hypothesis in bulimic subjects. Similarly, Brown, Cross, and Nelson (1989) found that college women with bulimic behaviors tend to be more traditionally feminine in their sex-role identity and ideology than their non-bulimic peers. With these conflicting results, more research is clearly needed in this area.

The discrepancy theory has found more support in the literature. Sitnick and Katz (1984) found that although femininity item scores were similar in anorexic and nonanorexic groups, the anorexics scored significantly lower on the masculinity items than the controls. Timko, Striegel-Moore, Silberstein, and Rodin (1987) studied a sample of forty-five female undergraduates and found that placing greater importance on possessing socially desirable masculine traits was a significant predictor of disordered eating. These researchers also found that subjects who felt that many roles rather than few roles were central to their sense of self obtained high scores on a measure of disordered eating. Timko et al. (1987) concluded that, "(the) picture that emerges from these results is suggestive of the 'superwoman' ideal" (p. 710).

Silverstein and Purdue (1988) conducted a study of 212 female college students and found that the desire for a noncurvaceous body associated with purging and being underweight was accompanied by an emphasis on the importance of professional success (in the case of purging) and intelligence (in the case of underweight), but not by an emphasis on the importance of attractiveness. These results are consistent with the idea that individuals with eating pathology place greater importance on traditionally masculine roles.

Johnson and Petrie (1995) examined the relationship of gender role discrepancy to bulimic and anorexic symptomatology, self-esteem, and concern about body shape in 178 female college students. Analyses revealed that women without a gender discrepancy reported fewer anorexic and bulimic symptoms, less concern with body shape, and higher self-esteem than those who were discrepant, particularly those desiring to be more masculine.

Finally, Johnson and Petrie (1996) examined the relationship of gender discrepancy to a broad range of physical and psychological correlates of eating disorders in 144 female undergraduates. Controlling for the influences of body mass, analyses revealed that women with no gender discrepancy were psychologically healthier in many aspects than women who wanted to be more masculine and more feminine. The authors conclude that women who are discrepant in both masculinity and femininity may not only lack certain

instrumental characteristics (e.g., assertiveness, independence) necessary to successfully deal with many of society's demands, but also perceive themselves as being deficient in societally expected expressive characteristics. According to Johnson and Petrie (1996), "it may be the combination of these perceived inadequacies that leads some women to disparage themselves (e.g., low self-esteem) and their bodies (e.g., dissatisfied with size and shape of body)" (pp. 477-478).

Overall, then, it appears that women with eating disorders tend to experience difficulties with sexual functioning as well as gender role difficulties. More research is clearly needed in these areas. As well, the literature is lacking in specifically examining what it means to be female for women with anorexia nervosa and other eating disorders.

## Purpose

The purpose of this study was to gain a better understanding of how females with anorexia nervosa and female graduate students perceive what it means to be female in Canadian culture. Since females are at much higher risk of developing anorexia nervosa than are males, it may well be that the meanings some women attach to being female are related to the development of eating disorders. An important question to ask, then, is how do females with anorexia nervosa experience what it means to be female in our culture, and does their experience differ from that of other females?

### Research Questions

A number of questions were addressed in this research project. These included the following:

1. What do females with anorexia nervosa and female graduate students think it means to be female in our culture? (Examination of feelings, beliefs, ideals, practices, roles).

2. Do these two groups of women believe there is a difference between the way males and females are brought up in our culture? If so, what is the difference? Do these two groups of women believe that double standards exist with regard to different behaviors for men and women?

3. Do these two groups of women think the media has an influence on how males and females come to view themselves? If so, how?

4. How much of a concern are issues of sexual assault and/or harassment for these two groups of women? Do these issues impact the way these women think or feel about being female?

5. How do these two groups of women think that males and females view sexuality (i.e., is there a difference between the way they perceive males and females to view sexual attitudes and practices)?

6. In the opinion of these two groups of women, why are eating disorders so prevalent among females?

7. What do these two groups of women believe are the main causes of eating disorders?

## Method

A qualitative method was chosen for this study in order to gain a deeper and richer understanding of the meaning of being female than could be accomplished through quantitative means. Qualitative research has largely been ignored in the literature on individuals with anorexia nervosa (Hepworth, 1994), and I believe that it is time we as researchers give these individuals a voice. The focus group format was specifically chosen because attitudes and perceptions are not developed in isolation but through interaction with other people (Morse & Field, 1995). Thus, two relatively homogeneous groups were chosen for their knowledge about the topic. Because the purpose in using a focus group is to produce self-disclosure, homogeneity is seen as reducing perceived risk to the informants.

### Sample

Two separate focus groups were held, each lasting approximately two hours. The first group consisted of eight women between the ages of 18 and 35 who were being treated in hospital for anorexia nervosa. These women were chosen based on their treatment stability, as well as their ability to talk about the issues. The second consisted of five women between the ages of 25 and 46 who were enrolled in a graduate degree program in the department of Educational Psychology. The women were chosen because they were a convenient sample that was highly articulate and willing to talk fairly frankly in a group about the meaning of being female. These women were also chosen based on differences in marital status, life experiences, location of where they grew up in Canada, and town size. These differences would likely ensure a fairly broad range of opinion.

### Ethical Considerations

Ethics approval was obtained from the Faculties of Education and Extension Research Ethics Board, the Alberta Mental Health Board, and the

Capital Health Authority prior to commencement of the research project. All participants were given an information letter prior to each focus group that outlined the purpose and nature of the study, and informed consent was indicated by participants' signatures on consent forms. All participants were informed of their right to withdraw their consent to participate in the study at any time without any kind of consequence.

Due to the sensitive nature of the topics explored, all participants were asked to choose a pseudonym to use during the focus groups. This ensured that individuals could not be identified on the audiotapes or transcripts. As well, participants were asked not to reveal any personal information about themselves. Rather, if participants chose to tell personal stories, they were asked to give accounts beginning with the prepositions, "A friend..." or "Someone I know...". This ensured that no one in the group could infer the identity of who they were referring to, and therefore provided a safety net for discussing sensitive issues. After about twenty minutes into each focus group, however, virtually all of the women dropped this pretense and spoke in the first person.

Process

Semi-structured interview methods were used in each focus group. Depending on the direction each focus group took, qualifying questions and related topics were explored. However, due to treatment considerations in the group of women with anorexia nervosa, the hospital staff did not think some of the questions were appropriate for some patients and a number of topics regarding sexuality were touched upon only briefly. This was done to ensure the safety of this group of participants. Both focus group discussions were also audiotaped, and notes were taken by the researcher and a notetaker.

To begin the focus groups, participants were asked to introduce themselves with their pseudonyms. The researcher then went over the nature and purpose of the study and encouraged participants to ask any questions they might have about the study. In both groups, none of the women had any initial questions. After this, the researcher began by asking a few opening questions, such as "Do you think there is a difference between the way males and females are brought up in our culture," and "What does it mean to be female in our culture?" From here, the interviews began to unfold, and qualifying questions were asked to clarify subjects' responses. The graduate student group was initially much more talkative and animated than the group of women with anorexia, but in both groups, the women were very verbal within a half hour into the focus groups. In both groups, the discussion ended with the topic of the relationship between eating disorders and being female. This discussion appeared to be a more sensitive topic for the women with anorexia who, after being asked to talk about this issue, appeared somewhat more quiet and reflective than the graduate student group. This would appear to make sense, since these women were struggling with anorexia.

To end the focus groups, all of the participants were encouraged to express their thoughts, feelings, and/or opinions of the focus group and to say anything that they still wanted to express. In both groups, the women stated that the discussion had been a positive one for them. Interestingly, the graduate student group ended the discussion sounding very hopeful as they talked about making our culture a better and safer environment in which to raise their daughters and future daughters. The group of women with anorexia, in contrast, ended the discussion by talking about their feelings of helplessness about changing the culture to make it a better environment for women.

Data Analysis

Once the data was collected, subjects' responses were transcribed, analyzed, and grouped into themes by the researcher. Initially, subjects' responses were analyzed by topic and each interview was segmented by these topics into categories. The researcher read the interviews and identified several important topics. From there, the researcher reflected on the interviews as a whole and identified common threads that extended throughout each interview. From this process, a number of themes emerged. Finally, a second researcher was asked to go over the data in order to confirm the themes that emerged. This was done to ensure that the themes that emerged "fit" the data.

## Data

A fairly broad range of opinion was shown in the results from the study but some consistency of theme was demonstrated in the opinions. I begin by first discussing the main themes of the group of graduate students and then go on to discuss the main themes of the group of women with anorexia.

Female Graduate Student Themes

**Being a female in our culture can be very dangerous**. Most of the participants in this group felt that being a female made them feel less safe and more vulnerable, particularly in the sexual arena. These women talked about issues surrounding sexual assault and harassment as common concerns for most females in our culture.

In terms of sexuality making them more vulnerable, a number of the women talked about the double victimization of rape. In other words, women are often victimized twice when an assault occurs: first during the initial assault, and again when they report it. As one participant noted, "There is no sense of retribution for women who go through rape... [because] they get blamed for it." Another participant noted that females are also perceived as being more vulnerable than males because of the double standards in our culture: "Boys could get stabbed but

it's not the same as getting raped.... [It's about] who owns their sexuality. A women still has to be pure on some level or she is not seen as a full person."

**Being a female in our culture is equated with possessing less power and being a part of the underprivileged.** Most of these women realized at a very young age that their fathers, not their mothers, held the power in the family. As one woman stated, "Men have the ability to make women feel bad about being female....For some reason it was a putdown to be female." Many of these women also felt that feminine roles are devalued in our culture, but that women are not expected to deny these roles. In order to be successful in our culture, then, women must have the capacity to somehow possess both masculine and feminine traits without the appearance of being too masculine. Thus, boys need to be tough, while girls need to be girls and tough, but in a "gentle" way. The expectations placed on females therefore seem much greater.

As part of the underprivileged, many of these participants also felt that women in our culture have few choices when it comes to claiming "their piece of the pie." In a discussion about the objectification of women in our culture one participant quipped, "Some women allow themselves to be objectified because it is the only way they know to get power." Another participant noted that many of her friends believe the only value they have is from being in relationships with men, and that "little girls are taught [this idea]....The only scenario for Barbie is Ken."

**Femininity has been sexualized in our culture**. Or, as one participant noted, "Femininity has been hijacked." Many of the women talked about how fashion has made it difficult for most girls not to look like sexual objects. One participant noted that the "cute" clothes made for little girls are all very revealing and "almost sexual." Some of the participants pointed out that the media role models for little girls, such as Britney Spears and the Spice Girls, give out the message that sex equals power. Advertisements, too, were seen as perpetuating these messages.

Many of the women in this group believed that our culture has made it so that a woman's value as a female is her sexuality. Some of the comments made reflected this idea: "Either you're really feminine and a sex object or you're 'what are you doing in a man's job?'" Another woman stated that, "our sexuality is hyped up but our femininity is put down. We are objects." "Either you are a sexual object or you have no value.... [Yet] if you are sexy, everything else (intelligence, personality, respect) goes out the window," said another. All of the women agreed that one could not be a sexy woman and not a sexual object in our society.

A number of the women in this group also felt that the things that made them biologically female were put down in Western culture. One woman noted that, "[Our] economy depends on women not being happy with their bodies or themselves." Another participant, talking about advertisements for feminine

products, stated, "Products (douches, sprays, perfumes on pads) attack the things that make us female....We're stinky and yucky because we're female." Lastly, one woman discussed how we are told that "the beauty of our bodies is about the sex act...and that is the only thing our bodies are valued for."

**There is no one definition of femininity.** While all of the women in this group agreed that femininity has been sexualized in Western culture, no two women agreed on their own definition of femininity. Some of the responses to the query included: "Femininity is mother." "To me, it is about nurturance and emotion." One participant noted that, "In our culture, femininity is sexy... [and] I have trouble disconnecting these two." Another participant interjected, "But the women I find most feminine are not sexual.... Society has turned it into a checklist, but femininity encompasses many traits. We cannot give it one name." Finally, one participant stated that, "To me, femininity is when body and mind come together. It is an integration of the two."

The one thing the whole group agreed upon was that they resented their femininity being pigeon-holed. Many of the women agreed that an important gift they hoped to give their daughters and future daughters was the message that they can be who they are and not be ashamed of it. As one woman exclaimed, "[They should]... be free to claim their space."

**Femininity as process.** Many of the women in this group believed that accepting themselves as females was a process. For some women this process took longer than it did for others. Most of the women in the group believed that they had rejected their femininity at some point in their lives. For these women, this rejection occurred during their adolescence when they were first becoming aware of themselves as females. One participant, when reflecting on her adolescence, noted that, "I rejected part of my femininity.... Between the fear and silence there was no learning about it. It was never okay to be a female." Many of the women discussed how insidious negative messages are in schools, in families, and in the media about being a female: "For more than 25 years the message to me has been, 'I need to find a man' and, 'I am an object,'...though it was never said blatantly."

Many of the women in this group talked about the female body as being the object of rejection, particularly during adolescence: "I didn't acknowledge how beautiful and powerful my body is as a female...I was a walking head." Another woman noted that there is a lot of guilt associated with expressing feminine sexuality, particularly during adolescence, but also afterwards. Still another woman stated that the message for girls is that, "Your body is either a sexual object or you are nothing.... So what are the options? You can't help but reject your body, and your self."

An important theme that came out of the discussion, however, was one of transcendence. Many of the women in this group described how they have come

to accept and even love themselves and their bodies as feminine: "Only now am I finally connecting with my body." Another woman noted, "Yoga helped me become connected to what I am and the wholeness of who I am.... [But] it bothers me that I had to get disconnected in the first place." Some of the women talked about education as being one of the things that helped them in this process. Another woman noted that it was strength from within herself and in relationships with other women that helped her to see that "women have their own power, it's just not always recognized."

**Eating disorders as a rejection of the self.** When asked their opinions about why eating disorders are so prevalent among females, and about the main causes of eating disorders, many of the women in this group were in agreement. The main theme that emerged was that, because the ideal of woman is unattainable and because women are so devalued in our culture, many females reject their selves. Some of the comments made by the participants captured this message: "It (an eating disorder) is the ultimate rejection of the self.... It is a total rejection of the self as feminine." Another interjected, "They are compromising their selves away." Finally, another individual noted that, "[It is] because nothing about the inside mattered."

The next section of this article outlines some of the main themes that emerged from a separate focus group with females struggling with anorexia nervosa.

Females with Anorexia Themes

**Being a female can be dangerous.** The women with anorexia nervosa also noted that being a female in our culture can be a dangerous experience. One participant noted that, "women need to be more aware and cautious [than men]." Most of these women agreed that women need to worry more about sexual aggression, while men tend to worry more about physical aggression. As one participant noted, "[aggression has] more of an impact on females because of the sex part." This idea was consistent with the graduate student group, and may be an indication that sexual aggression is seen as being worse than physical aggression because of issues pertaining to ownership of sexuality. This idea was not explored further due to the sensitive nature of the topic with this group of individuals.

**Double standards in our culture with respect to males and females.** Interestingly, when asked the direct question of whether there is a difference between the way males and females are brought up in our culture, almost everyone in the group agreed that there is little or no difference. These women talked about the equality of men and women in the workplace and other such changes in Western society. However, when asked if double standards exist between males and females, the entire group was in agreement that they do. One participant noted that, "If a husband stays home with the kids, it's great, but if a woman takes on a man's role, it's bad." Another woman noted how it is okay for

a girl to cry, but not for a boy to cry. And similar to the graduate student group, many of these women agreed that to be successful in the workforce a woman needs to "be a man," and to not show traits that might be considered "too girly."

In terms of dating and sexual activity, a number of these women agreed that it would be much easier to imagine a female dating an older male than it would a male dating an older female. Most of these women were not sure why they believed this. As well, most of the participants in this group also believed that, in our culture, it is more acceptable for a male to date a number of females at the same time and to have multiple sexual partners than it is for a female. As one participant noted, "Guys would be seen as cool, but girls would be seen as sluts."

**Femininity is visual.** A number of themes emerged in this group's responses to the question of what femininity means to them. The first was that femininity is very visual. Some of the adjectives used to describe femininity included: "small, petite, fragile, and cute." While some of the women also described emotions and nurturing characteristics as being part of femininity, all of the women in this group agreed that a woman's femininity is much more tied to her appearance than is a man's masculinity. This group of women further noted that, in advertising, women's bodies are more objectified than are men's bodies. As well, these participants also believed that our culture is much more forgiving of "flaws" in the male body than in the female body. As one participant noted, "If a man has a beer belly it's almost seen as a trophy, whereas a woman with a baby belly (i.e., a woman who has had children) is just gross."

Many of the women in this group also believed that men look for a woman who is physically attractive more than women look for men who are physically attractive. When asked what women look for in a romantic relationship, many of the women in this group said things like: "trust, honesty, stability, loyalty, friendship, and sensitivity." Some of the women also stated that they looked for money and someone who could take care of them. When asked what they thought most men looked for in a romantic relationship, some of the responses included: "sex, physical appearance, and passion." One woman also stated that, "A guy wants a girl to be independent so he can go out with his friends....Of course, if she wants to go out, that's a different story."

**Femininity as self-control.** In a discussion about body image, self-esteem, and femininity, many of the women in this group stated that beautiful females are small. When asked about why they thought "smallness" was held up as a feminine ideal, most of the women in this group believed that it was because a petite figure is an embodiment of self-control, at least with regard to eating and exercise. And, as one participant noted, "The ideal female has self-control."

**Media is not all.** While the women in this group tended to believe that the media plays a role in how men and, in particular women, come to view themselves, nearly all of the women in this group believed that blaming the media

for the preponderance of eating disorders in females was a "belittling stereotype." One woman gave an example of a friend of hers that was anorexic who, because of religious convictions, did not read magazines, watch TV, or listen to "pop" music. Another woman stated that, "If it were simply the media, almost all women would have eating disorders, wouldn't they?" Finally, another woman noted that, "It's just too easy to blame the media.... In some cases, it may be a trigger, but not a cause [of eating disorders]."

In terms of the causes of anorexia nervosa, these women gave a number of reasons that an eating disorder might develop. As one individual stated, "I think it's different for everyone.... You can never fully understand someone else's experience." While this is certainly a valid and important point, when asked if they had to narrow down some of the main causes of anorexia nervosa, two major themes emerged. The first was that eating disorders can serve the purpose of gaining control over one's life, particularly in terms of visual appearance, which is where most of the pressure on females lies. And second, many of the women in this group believed that for some women, anorexia served the purpose of maintaining a child-like look. For these women, anorexia appeared to be a means of slowing the process of becoming a woman, particularly during adolescence. This idea is consistent with what the female graduate students expressed, though it was not explored further with the group of women with anorexia nervosa due to treatment considerations.

## Discussion

As the leader and an observer of both focus group discussions, I noted with interest both the subtle and the obvious differences between these two groups of women. The graduate student group was much more talkative and passionate about the issues being discussed than was the group of women with anorexia. However, this may be due to the fact that, as graduate students, they have been more exposed to feminist thought, have explored the issues from an academic standpoint, and they are likely more verbally assertive than the general population. However, other differences between the two groups of women were also evident.

The group of women with anorexia nervosa generally appeared to experience more difficulty reconciling the idea that, while changes in our culture have made it theoretically more equal for males and females, some inequalities continue to exist. For example, many of the women in this group stated that men and women are different, so they should not be considered equal. At the same time, this group typically focused on the physical differences between men and women, such as strength, as opposed to other differences, such as emotions and other characteristics. Indeed, many of the women in this group failed to name the characteristics in many females that could be conceived of as strengths and instead sometimes put these characteristics down as being "too girly." As opposed to the graduate student group, this group of women seemed to put themselves

down as females, however indirectly. This finding lends some support to the idea that, at least in this small group of women, being a female is not regarded as a positive experience. The group of women with anorexia also alluded to the idea that females are much more vulnerable in the sexual arena, but this idea could not be explored further. In future research with women suffering from eating disorders, this area may need to be explored further.

Interestingly, many of the women with anorexia also tended to hold more "traditional" views of femininity than did the group of graduate students. Indeed, one participant stated, "I feel bad for guys now... [because] they can't say anything without someone claiming harassment." Many of the adjectives used by this group to describe femininity also focused on the appearance aspects of being a female, which is reminiscent of the idea that a woman should be "seen and not heard." As a whole, this group of women tended to endorse more traditional and culturally acceptable notions of femininity than did the graduate student group who, in general, preferred to define femininity as multifaceted and individual.

Issues surrounding power and control were also prevalent in the group of women with anorexia, but in different ways from the group of graduate students. Interestingly, while the group of women with anorexia nervosa typically agreed that males seem to hold more power than females in our society, they appeared, on the surface, to be more accepting of this inequality than the female graduate students. In other words, while the graduate student group tended to express anger toward power issues, the group of participants with anorexia tended to hold back on their opinions or to have no opinion on the subject. Of course, there are many reasons that this could be so. However, it was also interesting to hear from a number of these participants that they believed their eating disorders served the purpose of gaining control over various aspects of their lives. One woman stated that, "It [anorexia] is a way to affect your life.... It's about defiance, I suppose." Thus, it may well be that some women with anorexia nervosa, on some level, see their eating pathology as a means of taking control over their lives, even if they are not fully aware of initially feeling out of control. Thus, while several of the female graduate students tended to find strength in themselves as females, several of the women with anorexia appeared to find strength in their eating disorders, despite being females.

## Summary and Conclusions

In this paper I have outlined the major themes that emerged from focus groups that I conducted with two groups of females. The first group consisted of five female graduate students in the faculty of Educational Psychology. The second group consisted of eight females suffering from anorexia nervosa. The topic of these focus groups was the meaning of being female in our culture.

In the graduate student group a fairly broad range of opinion was demonstrated in their responses, but some consistency of theme also emerged.

First, this group of women generally believed that being a female in our culture can be very dangerous, particularly in the sexual arena. Many of these women discussed the vulnerability that is associated with being a female. Second, and related to the first theme, was the idea that being a female in Western culture is equated with possessing less power and being a part of the underprivileged. The third theme that emerged for this group was the idea that femininity has been sexualized in our culture.

Despite the consensus in the group that femininity has been pigeon-holed in Western culture, the graduate student group could not agree on their own definitions of femininity. Thus, another theme that emerged was the idea that there is no one definition of femininity. Indeed, a number of women in this group agreed that femininity encompasses a variety of traits and characteristics that may be different for some people. Still another theme that arose from the discussion was the idea of femininity as a process. Most of the women in this group described the process as one that involved an initial rejection of their femininity and a later acceptance and love of it.

Many of the female graduate students believed that females are vulnerable to eating disorders in our culture because of the negative effects of being a female. Many of the women in this group described eating disorders as a metaphor of rejection of being female and as a rejection of the self. Thus, this idea comprised the final theme of the graduate student focus group.

In the group of women with anorexia nervosa some other themes emerged. First, and similar to the group of graduate students, many of these women believed that being a female in Western culture can be dangerous because of her sexuality. As well, many of the women in this group believed that females are more objectified than are males, and that males typically hold more power in our society.

Issues of power and control were also prevalent in the group of women with anorexia. However, while the graduate student group tended to express anger over power inequalities between men and women, and to find their own power as females, the group of women with anorexia tended to appear more passive, but also to find power in their eating disorders. The group of women with anorexia nervosa also defined femininity more visually than did the graduate student group, and also to hold more "traditional" views of femininity.

The group of women with anorexia felt that blaming the media for the number of women with anorexia nervosa was too simplistic an answer, and one that was belittling to them. These women discussed the importance of proper research that does not merely look for simple solutions to complex problems. Finally, this group of women believed that there are multiple causes of eating disorders, but that in many cases anorexia may be about gaining power and

control for females, and in other cases anorexia may be a rejection of the self as female.

Limitations and Implications for Future Research

While I have made some general comparisons between these two groups of women, it is important to reiterate that these similarities and differences may not hold true when comparing two different groups of female graduate students and women with anorexia. As earlier mentioned, this was a small sample size and therefore cannot be generalized. As well, the graduate students chosen were only from one department in one university, and their views could very well differ from other faculties of study and other universities, and certainly from the general population. The same is true for the anorexic group. Further research is needed to determine if these themes hold up for larger groups of women, and to determine what kinds of thoughts and perceptions emerge from discussions with women who suffer with other forms of eating disorders.

A second limitation of this study is that some of the questions posed to the graduate student group were deemed inappropriate for the group of women with anorexia nervosa due to treatment considerations. Thus, some of the information obtained from the latter group was somewhat limited.

While a qualitative approach was deemed the most appropriate method for this study in order to gain richer and deeper insights into the topic, quantitative methods can also be used to obtain valuable information. Specifically, quantitative methods would allow for a larger population to be studied and would ensure that all participants are asked the same questions. In focus groups and other less structured interviews, the questions that are asked are often determined by the direction the interview takes. Thus, qualitative techniques that use structured and normed instruments can ensure less researcher bias and results obtained are more easily compared between groups. Further research using a combination of qualitative and quantitative approaches will likely provide the most valuable information on the relationships between eating pathology, gender roles, and the meaning of femininity.

Implications for Clinicians

The results of this research may have important implications for professionals who work with individuals with eating disorders. The themes that emerged in this research lend support to the idea that adolescence appears to be a particularly vulnerable period for females, since it is during adolescence that issues surrounding gender and sexuality typically come to the forefront. Rosser and Miller (2000) note that feminist theories need to be combined with developmental theories in order to contribute a more holistic approach to understanding development. In the past, developmental theory has largely ignored the female experience at the expense of excluding half of the world's population

in its research questions, participants, and findings. According to Rosser and Miller (2000), "(All) feminist theories posit gender as a significant characteristic that interacts with other characteristics, such as race and class, to structure relationships between individuals, within groups, and within society as a whole" (p. 11). Based on the findings of this research, I am in agreement with this idea.

In particular, professionals who work with individuals suffering from anorexia nervosa and possibly other eating disorders will need to address the issues that gender and sexuality may bring forth, particularly during adolescence when these concerns may be the greatest. Thus, an implication for therapists working with females suffering with eating disorders is that it will be important for them to be willing to explore the meanings that some of these women may attach to being female and, in some cases, to work with these women to construct new meanings.

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## Chapter Five – Conclusion

Key points and research findings are briefly summarized in this chapter, with reference made to the relevant papers for a more detailed discussion. The limitations of the study as well as implications for future research are also addressed.

### Key Points and Research Findings

Chapter two is a poem that outlined my informal research on anorexia nervosa. This poem is an expression of how I have come to understand the emotional and psychological aspects of being a female with anorexia nervosa. I believe creative interpretations can be a meaningful way to come to understand different aspects of the human condition.

In chapter three, or paper one, I outlined the historical psychoanalytic theory of the cause of anorexia nervosa and went on to explain how that theory has been researched and modified throughout the years. Psychoanalytic theory proposed that females with anorexia nervosa struggled with their emerging sexuality and many thinkers, such as Laseque and Freud, believed these conflicts were at the root of developing eating disorders. These theories continued to exist, untested, until well into the twentieth century.

The systematic investigation of the relationship between sexuality and eating disorders did not emerge until the mid-1970s. Areas explored since then have included sexual attitudes and knowledge, sexual practices and experience, and sexuality after treatment for eating disorders. Overall, most researchers have found that women with anorexia nervosa tend to be somewhat naïve and lacking in knowledge about sexuality, and experience increased apprehension about their sexual expression, sexual interest, and sexual attractiveness toward others. As well, women with anorexia nervosa tend to experience relatively low incidence of marriage and low levels of sexual interest and activity, even after relatively successful treatment. The presence of bulimic symptoms may indicate an increased likelihood of sexual experience (see chapter three for detailed results).

While the literature suggests a definite link between sexual dysfunction and anorexia nervosa, a causal role remains unclear. Some potential mediating variables between sexual dysfunction and anorexia nervosa that have been suggested in the literature include depression, low body weight, negative body image, personality characteristics, family issues, and a history of sexual abuse (see chapter three for a discussion).

I propose another mediating variable that may contribute to the relationship between eating disorders and sexual dysfunction; namely, the meanings some women may attach to being a female in our culture. In Western culture, the idea of "female" has been sexualized, objectified, and devalued.

Consequently, I believe that many women are vulnerable in our culture to a rejection of themselves as female and as female sexual beings. Anorexia nervosa may be a metaphor of this rejection of the self. I propose that this is an area that needs to be addressed in the research.

In chapter four, or paper two, I outlined the results and major themes that emerged from focus groups that I conducted with two groups of females. The first group consisted of five female graduate students in the faculty of Educational Psychology. The second group consisted of eight females suffering from anorexia nervosa. The topic of these focus groups was the meaning of being female in our culture.

In the graduate student group a fairly broad range of opinion was demonstrated in their responses, but some consistency of theme also emerged. First, this group of women generally believed that being a female in our culture can be very dangerous, particularly in the sexual arena. Many of these women discussed the vulnerability that is associated with being a female. Second, and related to the first theme, was the idea that being a female in Western culture is equated with possessing less power and being a part of the underprivileged. The third theme that emerged for this group was the idea that femininity has been sexualized in our culture (see chapter four for a detailed discussion).

Despite the consensus in the group that femininity has been pigeon-holed in Western culture, the graduate student group could not agree on their own definitions of femininity. Thus, another theme that emerged was the idea that there is no one definition of femininity. Indeed, a number of women in this group agreed that femininity encompasses a variety of traits and characteristics that may be different for some people. Still another theme that arose from the discussion was the idea of femininity as a process. Most of the women in this group described the process as one that involved an initial rejection of their femininity and a later acceptance and love of it (see chapter four for a detailed discussion).

Many of the female graduate students believed that females are vulnerable to eating disorders in our culture because of the negative effects of being a female. Similar to my own conception of eating disorders, many of the women in this group described them as a metaphor of rejection of being female and as a rejection of the self. Thus, this idea comprised the final theme of the graduate student focus group (see chapter four for a detailed discussion).

In the group of women with anorexia nervosa some other themes emerged. First, and similar to the group of graduate students, many of these women believed that being a female in Western culture can be dangerous because of her sexuality. As well, many of the women in this group believed that females are more objectified than are males, and that males typically hold more power in our society (see chapter four for a detailed discussion).

Issues of power and control were also prevalent in the group of women with anorexia. However, while the graduate student group tended to express anger over power inequalities between men and women, and to find their own power as females, the group of women with anorexia tended to appear more passive, but also to find power in their eating disorders. The group of women with anorexia nervosa also defined femininity more visually than did the graduate student group, and also to hold more "traditional" views of femininity (see chapter four for a detailed discussion).

Again, similar to my own conception of eating disorders, this group of women felt that blaming the media for the number of women with anorexia nervosa was too simplistic an answer, and one that was belittling to them. These women discussed the importance of proper research that does not merely look for simple solutions to complex problems. Finally, this group of women believed that there are multiple causes of eating disorders, but that in many cases anorexia may be about gaining power and control for females, and in other cases anorexia may be a rejection of the self as female (see chapter four for a detailed discussion).

## Limitations and Implications for Future Research

The first limitation of the focus group study is that the sample size of participants was quite small and therefore the themes that emerged may not hold true for a larger and more diverse group. Likely, studies that include a larger group of participants would generate more diverse perspectives. As well, it is important to remember that the themes that emerged from this research may not hold true for all females. In future research it will be important to study larger groups of females.

Second, and related to the first limitation, is that the sampling procedure used to recruit participants was not a random sampling procedure. Rather, I used convenience and purposive sampling techniques. Thus, the ideas and perspectives obtained likely are not representative of other groups of women. Further research will be needed with more diverse groups of women to examine the themes that emerge for these groups.

A final limitation of the focus group study is that, as a novice researcher, these were the first focus groups that I have conducted. Leadership of a focus group is a skill, like any other, that can be improved with practice. My first attempt at leading a focus group was a learning experience in which I realized how important it is to keep participants on task. At times, some of the participants in the graduate student group were inclined to stray off of the topic at hand and so the discussion sometimes went in other directions. This may have had an impact on the data obtained.

While a qualitative approach was deemed by myself as the most appropriate method for this study in order to gain richer and deeper insights into the topic, quantitative methods can also be used to obtain valuable information. Specifically, quantitative methods would allow for a larger population to be studied and would ensure that all participants are asked the same questions. In focus groups and other less structured interviews, the questions that are asked are often determined by the direction the interview takes. Thus, qualitative techniques that use structured and normed instruments will obtain results that are more easily compared between groups. Further research using a combination of qualitative and quantitative approaches will likely provide the most valuable information on the relationships between eating pathology, sexual dysfunction, and the meaning of femininity.

Further research that controls for the mediating variables (as outlined in paper one, or chapter three) between sexual dysfunction and eating pathology is also needed. As well, it will be important to examine if a relationship exists between eating pathology and sexual dysfunction in males. Finally, an interesting study could be done to examine the meaning of masculinity in groups of males with eating pathology to see if similar or different themes emerge for this group. If the meanings some women attach to being female are related to the development of eating disorders, then it will be important to ask the question of how this plays out in males with eating disorders. For example, do males with eating disorders experience any gender role confusion? How do males with eating pathology feel about themselves as males? These questions are important to explore since the number of males with eating disorders is now being realized.

An informative study would be a quantitative study with a large group of individuals, both male and female, to examine the relationships between eating pathology, sexual functioning, and gender roles. Many researchers have examined the relationship between eating disorders and sexuality, as well as the relationship between eating disorders and sex role identification, but the research thus far is lacking in bringing these three variables together. It is hypothesized that, in Western culture, individuals who report more masculine and androgynous traits will also experience more healthy eating behaviors and sexual functioning.

A second variable that needs to be explored in the research is the relationship between perceived "real" sex roles and "ideal" sex roles. This area of research is scarce in the literature on individuals with eating pathology. Likely, individuals who report a disparity between their identified sex roles and ideal sex roles will also experience more difficulties with sexual functioning and eating pathology.

## Personal Reflections

Conducting research on the meaning of femininity with two groups of women has been an immensely enjoyable experience for me. I enjoyed being

given the chance to examine with other women what it means to be a female in our culture and believe this was an empowering experience for us all. Unfortunately, many women do not embrace the opportunity to meet with other women to talk about the issues that affect them. I believe that this is an important means of understanding ourselves and of embracing what it means to be female.

In conducting this research I have also come to see how important diversity of experience and process is in understanding ourselves and others. I have learned much from the women I have been in contact with, and have gained a deeper respect for all that is feminine in myself and in other women. I have come to see how multifaceted femininity really is.

Finally, I think I have learned much about conducting focus groups, researching literature, designing research studies, and writing papers. I look forward to submitting my papers to academic journals and learning from that process as well. I also look forward to conducting future research in this area because there is much more to be learned.